



***Welcome to the***



**National Quality Monitoring Contract  
(NQMC)**

***Government / Industry Forum***

**Wednesday, December 11, 2002**

**Brian Rubin  
T-Nex Project Manager**



# Agenda



- ❖ **Administrative Remarks – Seileen Mullen Murphy**
- ❖ **Welcome / Introductions / Overview – Brian Rubin**
- ❖ **Objectives and Requirements Overview – Reta Michak**
- ❖ **Internal/External Peer Review – William Voharas**
- ❖ **Industry Questions and Answers – Reta Michak, William Voharas and Jerry Wesley**
- ❖ **Closing Remarks – Reta Michak**



# T-Nex Contracts

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- ❖ TRICARE Mail Order Pharmacy
- ❖ TRICARE Retiree Dental Contract
- ❖ Regional Managed Care Support
- ❖ TRICARE Dual Eligible Fiscal Intermediary Contract
- ❖ Retail Pharmacy
- ❖ Marketing & Education Materials
- ❖ **National Quality Monitoring**
- ❖ Local Support Task Order Contract(s)



***Ms. Reta Michak***

**NQMC Project Officer**



# MHS Mission and Vision



## Mission

- ❖ To enhance DoD and our Nation's security by providing health support for the full range of military operations and sustaining the health of all those entrusted to our care.

## Vision

- ❖ A world-class health system that supports the military mission by fostering, protecting, sustaining and restoring health.



# NQMC Purpose

- ❖ **The Purpose of the NQMC is to assist Health Affairs, TRICARE Management Activity and the Military Services by providing the Government with an independent, impartial evaluation of the care provided to the MHS beneficiaries.**

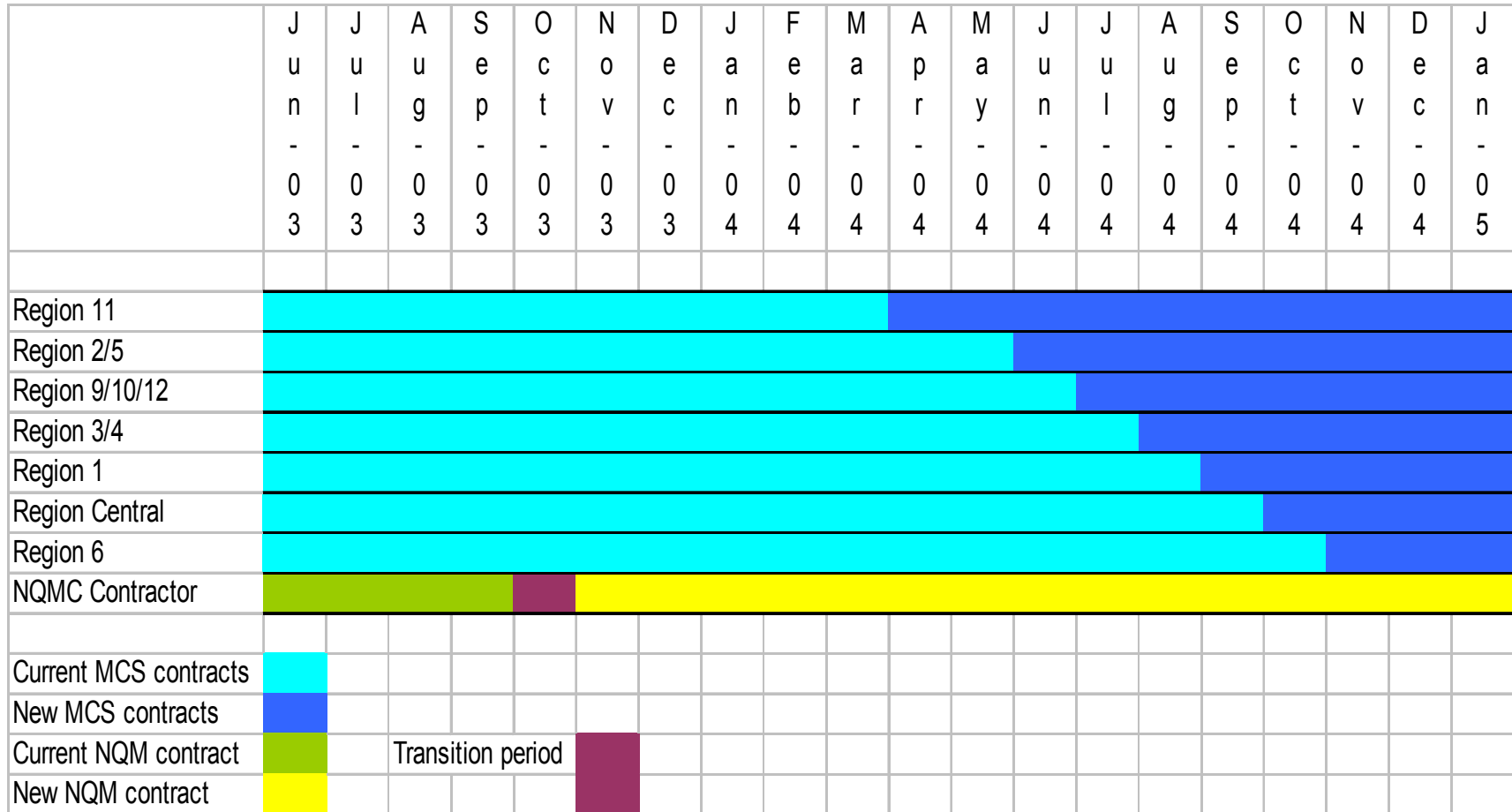


# Current Contract

- ❖ The current contract had a phase-in period and five one-year option periods
- ❖ Fixed price per review
- ❖ Indefinite Delivery/Indefinite Quantity (IDIQ)
- ❖ It is anticipated that the new contract will be similar to the current



# Anticipated NQMC Timeline



NQMC transition and contract timelines are anticipated dates and are subject to change





# NQM Proposed Requirements



## ❖ The new NQM Contract requirements will provide the MHS with:

- Validation of medical management decisions
- Quality improvement monitoring
- Second level appeals of determinations
- Facility certification/decertification
- Assistance on malpractice cases
- Recommend “successes” in order to “transfer” them across the MHS.
- Identifying and decreasing medically unnecessary utilization
- Focused studies
- Peer case reviews (Internal and External)



# Technical Requirements

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## Forum parallels the Technical Requirements

- Staffing Requirements
- TMA Selected Cases
- Reports
- Focused Studies
- Military Treatment Facility (MTF) Malpractice Reviews
- Medical Necessity Appeals
- Facility Certification and Surveys
- Evolving Practices, Devices, Medicines, Treatments and Procedures
- TMA Appeals Process and Peer Reviews



# Staffing Requirements

## Staffing:

- ❖ Licensed, board certified, actively-practicing physicians
- ❖ Non-physician peer reviewers
- ❖ Management support
- ❖ American Board of Medical Specialties (ABMS)
- ❖ Re-credentialing every 2 versus 3 years?



# TMA Selected Cases

- ❖ Anticipate approximately 1400 cases/month will be selected
- ❖ Cases will be selected from current 7 and new 3 contracts
- ❖ Validate medical management decisions
- ❖ Compliance with preauthorization, retrospective and prepayment reviews (per Chapter 7, TRICARE Operations Manual)
  - Medical Necessity and Appropriateness
  - Preventable admissions, care that is not a TRICARE benefit
  - Identify potential fraud and abuse (per 32 CFR 199.9)



# TMA Selected Cases (cont'd)



- ❖ Focus on deficiencies in the delivery of health care that result in an adverse affect on the patient.
- ❖ Assess the quality of care provided, using process and outcome measures, and identifying superior healthcare services
- ❖ Criteria will be selected by the NQMC, but must:
  - Be recognized, accepted criteria
  - Allow consistent, standardized reviews



# TMA Selected Cases (cont'd)



- ❖ **Potential concerns must be confirmed by a board certified, actively practicing licensed physician**
- ❖ **Coding Diagnostic Related Groups (DRGs) and Resource Utilization Groups (RUGs) – 2 software systems (Grouper and RAVEN) will be furnished by Government.**
  - **Match the medical record and the claim information**
- ❖ **Case Review Standard – 95% within 30 days, 100% within 45 days**
- ❖ **Case reviews are priced per case in the current contract**



# Reports



- ❖ **Monthly Report on TMA Selected Cases**
  - Due the 10<sup>th</sup> of each month
  - Sent to Managed Care Support Contractors (MCSCs) and Designated Providers (DPs) for review
  - MCSCs must respond to all identified concerns within 45 days
  
- ❖ **NQM Contractor must review all disagreements and issue a final determination report to TMA within 30 days**



# Reports (cont'd)

- ❖ Quarterly and Semi-annual reports
- ❖ Annual Clinical Quality Management Reports (CQMP)
  - MCSC and DPs within the three healthcare regions
  - NQMC will summarize, analyze and identify patterns and trends
  - Due 30 days after receipt of the CQMP reports
- ❖ The Government is not anticipating creating a separate line item price for reports





# Focused Studies

- ❖ TMA will select the study topic, focusing on those areas that have the greatest potential to impact beneficiary health
- ❖ May include case reviews or literature searches
- ❖ Summary report will have a 90 day turn around
- ❖ Frequency and volume uncertain



# MTF Malpractice Reviews



- ❖ Retrospective review of MTF to determine whether the standard of care was met for each involved provider
- ❖ Selected cases will come directly from the three military services
- ❖ Provides information to appropriate Surgeon General; NQM does not testify
- ❖ Includes physicians as well as other providers
- ❖ Specialty matched reviews
- ❖ Review completed within 30 days of case receipt
- ❖ Report of findings for each involved specialty
- ❖ Currently priced per involved specialty reviewed



# Medical Necessity Appeals



- ❖ **Licensed Doctor of Medicine or Osteopathy**
- ❖ **Active Practice**
- ❖ **Board Certified**
- ❖ **Health Care Practitioners other than physicians when the services are provided by practitioners in the same professional field – 32 CFR 199.6**
  
- ❖ **NQM reconsideration decision is final and binding for payment purposes (see TRICARE Operations Manual, Chapter 13)**



# Medical Necessity Appeals (cont'd)



## Three Types of Appeals

<ul style="list-style-type: none"><li><b>Expedited reconsideration review</b></li></ul>	<b>90% processed to completion within 3 working days of request receipt</b>
<ul style="list-style-type: none"><li><b>Reconsideration of concurrent review</b></li></ul>	<b>90% processed to completion within 3 working days of request and medical records receipt</b>
<ul style="list-style-type: none"><li><b>Non-expedited reconsideration</b></li></ul>	<b>85% processed to completion within 30 calendar days</b>



# Facility Certification and Surveys



- ❖ **Reviews must be based upon the standards in the TRICARE Policy Manuals and 32 CFR 199.6**
  - **Three categories – Residential Treatment Center (RTC), Psychiatric Partial Hospital Programs (PHPs) and Substance Use Disorder Rehabilitation Facilities (SUDRFs)**
  - **One application will be provided**
  - **Re-certify every three years or as directed by TMA**
  - **NQMC calculates RTC Rate**
- ❖ **Unannounced surveys as directed**
  - **Anticipate four on-site reviews/quarter; psychiatrist, certified clinical social worker, and certified psychiatric nurse specialist on-site for 2-3 days.**



# **Evolving Practices, Devices, Medicines, Treatments and Procedures**



- ❖ TRICARE-directed review**
- ❖ Determine whether the MCSC-cited evidence supports the recommendation**
- ❖ Reliable evidence is defined in 32 CFR 199.2**
- ❖ Volume and frequency uncertain**
- ❖ Report due, as directed**



## Reliable Evidence 32 CFR 199.2



- ❖ Well controlled studies of clinically meaningful endpoints, published in refereed medical literature.
- ❖ Published formal technology assessments.
- ❖ The published reports of national professional medical associations.
- ❖ Published national medical policy organizational positions; and
- ❖ The published reports of national expert opinion organizations.
- ❖ Only those reports and articles containing scientifically valid data and published in the refereed medical and scientific literature shall be considered reliable evidence.



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***Mr. William Voharas***

**Attorney-Advisor  
Appeals and Hearings Division**





# The TRICARE Appeals Process and the Role of Peer Review



# Different Levels of Appeals

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## ❖ No TMA Peer Review

- Initial Determination
- Reconsideration
- Second Reconsideration

## ❖ TMA Peer Review

- Formal Review
- Hearings



# Users of Peer Review

- ❖ **Case Officer (Requestor)**
- ❖ **Beneficiary (Patient) and Care Provider**
- ❖ **Reviewing Government Officials**
- ❖ **Members of Congress and Media**
- ❖ **Public via Freedom of Information Act**



# Timeliness Specifications

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## ❖ Need for Timelines

- Organ Transplants
- Serious Medical Conditions, etc.

## ❖ Input on Deadlines Welcome



# Internal Peer Reviews

- ❖ The internal peer review session to be held within 14 calendar days of request, and a signed transcription of the peer review to be provided to TMA, within 7 calendar days from the date of the peer review session.
- ❖ Currently peer reviews are held face-to-face or can be conducted by phone.
- ❖ Under the new contract, consideration is being given to also conduct reviews via video teleconferencing.



# External Peer Reviews

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- ❖ **Urgent Peer Reviews – 10 calendar days**
- ❖ **Routine Peer Reviews – 21 calendar days**
- ❖ **Extended Peer Reviews – 30 calendar days**